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# **FINANCIAL DISCLOSURE STATEMENT**

(For use by Public Officers and Candidates of the State of Arizona)

Name of Public Officer or Candidate

Ruben Gallego

Address

101 N. 7th Street Unit 103, Phoenix 85034

Public Office Held or Sought

State Representative District # 16

Check one:

- ☒ I am a public officer filing this statement covering the 12 months of calendar year 2012. <sup>R. 63</sup>
- ☐ I am a candidate for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of \_\_\_\_\_ 20\_\_\_\_, to the month of \_\_\_\_\_ 20\_\_\_\_.
- ☐ I have been appointed to fill a vacancy in a public office and am filing this Financial Disclosure Statement covering the 12 month period ending with the last full month prior to the date I took office.

## **VERIFICATION**

I do solemnly swear that the Financial Disclosure Statement filed herewith is in all things true and correct, and fully shows all information I am required to report pursuant to A.R.S. § 38-542.

[Signature]  
Signature of Public Officer or Candidate

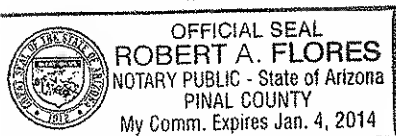
State of Arizona )

County of Maricopa )

Subscribed and sworn to (or affirmed) before me this 31 day of January, 2011.

[Signature]  
Notary Public

4 January 2014  
My Commission expires



(Seal)

## SECTION A: PERSONAL DISCLOSURE

### 1. Names

**What to disclose:** Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	Ruben Gallego
YOUR SPOUSE'S NAME	Kate Gallego
CHILDREN'S NAMES	N/A.

### 2. Sources of Personal Compensation

**What to disclose:** The name and address of each employer who paid you, your spouse, or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

**You need not disclose:** Any money you or any member of your household received that was gross income paid to a business you or your household member owned.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER \$1,000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
Ruben Gallego	Southwest Ambulance 1000 W. Dussel Ave, Mesa AZ	Ambulance Services Public Affairs director
Kate Gallego	SRP 1521 N. Pinal Ave, Tempe AZ	Senior Policy Analyst

### 3. Professional, Occupational and Business Licenses

**What to disclose:** List all licenses issued to or held by you or any member of your household at any time during the period covered by this Statement.

TYPE OF LICENSE OR PERMIT	NAME IN WHICH LICENSE IS ISSUED	PUBLIC OFFICER OR HOUSEHOLD MEMBER HOLDING LICENSE, IF NOT ISSUED IF OWN NAME	JURISDICTION(S) OF LICENSE	LOCATION OF BUSINESS
MA				

### 4. Personal Creditors

**What to disclose:** The name and address of each creditor to whom you, or a member of your household owed a personal debt over \$1,000 during the period covered by this Statement. If the debt was incurred or discharged during this period, list the date and whether it was incurred or discharged.

**You need not disclose:** Debts resulting from the ordinary conduct of a business (disclose those in Section C). Debts on residences or recreational property, on motor vehicles not used for commercial purposes, on debts secured by cash values on life insurance, or debts you owe to relatives, personal credit card transactions or installment contracts.

PERSONAL DEBTS OVER \$1,000		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWING THE DEBT	DATE INCURRED AND/OR DISCHARGED
Harvard Student Loan 14 W. Mt. Auburn, Cambridge MA	Ruben Gallego	NA <input checked="" type="checkbox"/> Incurred <input checked="" type="checkbox"/> Discharged
		<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

## 5. Personal Debtors

**What to disclose:** The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Statement, and the approximate value of the debt (See last page of value categories). If the debt was incurred or discharged during the period covered by this Statement, report the date and whether the debt was incurred or discharged.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
NA			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
			<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

## 6. Gifts

**What to disclose:** The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts with a value over \$500, if that gift does NOT fit into a category below.

**You need not disclose:** Gifts you or a household member received by will, intestate succession, *inter vivos* (living) trusts, or testamentary trusts established by a spouse or ancestor. Gifts received from any other member of the household or relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or political contributions reported on campaign finance reports.

NAME OF DONOR OF GIFTS OVER \$500	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD – RECIPIENT
NA	

## SECTION B: REPORTABLE INTERESTS

### 7. Offices or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
17th Ave Group 101 N. 7th Street Unit 103 Phoenix, AZ, 85034	Ruben Gallego Kate Gallego	Share Holders
Taylor Street Group "Same as above"	Ruben Gallego Kate Gallego	Shareholders
Childrens Museum Trustee and Van Buren	Ruben Gallego	Board member non-profit

### 8. Ownership or Financial Interest in Trusts, or Investment Funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.)

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
17th Ave Group	Ruben Gallego Kate Gallego	LLC Real Estate Holding Company	2
Taylor Street Group	Ruben Gallego Kate Gallego	LLC Real Estate Holding Company	2

## 9. Bonds

**What to disclose:** Bonds issued by a single agency worth more than \$1,000 that you or a member of your household hold, or held during the period covered by this Statement. If the bonds were acquired or divested during the period, report the date that occurred.

BONDS OVER \$1,000	ISSUING AGENCY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	VALUE CATEGORY	DATE ACQUIRED AND/OR DIVESTED
				<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
NA				<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
				<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

## 10. Real Property Ownership

**What to disclose:** Arizona real property and improvements to which you or a member of your household hold, or held title during the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of your equity. If that property was acquired or divested during the period covered by this Statement, list the date and what occurred.

**You need not disclose:** Your primary residence or property you use for personal recreation.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
1631 N. 17th Ave 1,600 sq ft	Kate and Ruben Gallego	<del>\$1276</del> 2	NA <input checked="" type="checkbox"/> Acquired <input checked="" type="checkbox"/> Divested
916 E. Taylor St. 810 sq ft	Kate and Ruben Gallego	<del>\$1276</del> 2	NA <input checked="" type="checkbox"/> Acquired <input checked="" type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

Name and Address of Business	Member of Household	Description of Interest	Equity by Value Category
SRP 401k plan, Tempe AZ	Katharine Gallego	100%	2
Forward Funds Denver, CO	Katharine Gallego	100%	1
Dodge and Cox Funds Boston, MA	Katharine Gallego	100%	1
Vanguard, Malvern PA	Katharine Gallego	100%	1
Schwab San Francisco, CA	Katharine Gallego	100%	1
Wasatch, Milwaukee, WI	Katharine Gallego	100%	1
USAA Rtoth IRA San Antonio, Tx	Ruben Gallego	100	1
Nationwide 401k, Columbus, Oh	Ruben Gallego	100	1

*Additional Board Members*

Harvard Club of Phoenix	Katharine Gallego	Board member
PO Box 34496		
Phoenix, AZ 85067-4496		

## SECTION C: BUSINESS INTERESTS

### 11. Business Names

**What to disclose:** The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
Ruben Gallego Kate Gallego	17th Ave Group	101 N. 7th Street Unit 183, Phoenix	<input checked="" type="checkbox"/> Controlled <input checked="" type="checkbox"/> Dependent
Ruben Gallego Kate Gallego	Taylor Street Group	Scene	<input checked="" type="checkbox"/> Controlled <input checked="" type="checkbox"/> Dependent
			<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
			<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

**IMPORTANT:** IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN \$10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST OF THIS STATEMENT.

### 12. Controlled Business Information

**What to disclose:** The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than \$10,000 and 25% of the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

**You need not disclose:** The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT